

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 43	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mary P NICKNAME LAST SUFFIX Patti Radle		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address 1202 Tampico St. San Antonio, TX 78207			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 225-6913			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Connie NICKNAME LAST SUFFIX Rodriguez			
	7 CAMPAIGN TREASURER ADDRESS (Residence or business) 1407 El Paso Street San Antonio, TX 78207			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 223-4683			
9 REPORT TYPE	30th Day Before Main Election			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1/1/2005 4/6/2005			
11 ELECTION	ELECTION DATE Month Day Year 5/7/2005		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) Council District 5		13 OFFICE SOUGHT (if known) Council District 5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mary P Radle		16 ACCOUNT # (Ethics Commission files)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12760.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$15376.33
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$15595.73
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary P Radle, this the 7th day of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 20

2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/8/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert O Sosa

6 Contributor address; City; State; Zip Code

238 Funston Pl.
San Antonio, TX 78209

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Grant Program Developer

10 Employer (See Instructions)

Incarnate Word University

Date

1/17/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raul Tamez

Contributor address; City; State; Zip Code

13443 Voelcher Ranch
San Antonio, TX 78231

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Newell Recycling

Date

1/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Roberto Maldonado

Contributor address; City; State; Zip Code

127 Lewis Street
San Antonio, TX 78212

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self-employed

Date

1/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gina Amatahelo

Contributor address; City; State; Zip Code

634 Cedar
San Antonio, TX 78210-1217

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Legislative Director

Employer (See Instructions)

State Rep. Mike Villareal

Date

1/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Daniel Lopez

Contributor address; City; State; Zip Code

634 Cedar St,
San Antonio, TX 78210-1217

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Senior Deputy Director

Employer (See Instructions)

SA Fannie Mae Partnership Office

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/14/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosario Garcia 6 Contributor address; City; State; Zip Code 166 Telsa Dr. San Antonio, TX 78228	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Edgewood ISD	
Date 2/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Tuck Contributor address; City; State; Zip Code 139 Waxwood San Antonio, TX 78216	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 2/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ben King Contributor address; City; State; Zip Code 14410 Challedon Circle San Antonio, TX 78248-1113	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Recording Company Owner		Employer (See Instructions) Talking Taco Records	
Date 2/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria T. Flores Contributor address; City; State; Zip Code 1528 N. Main San Antonio, TX 78212	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Marriage and Family Institute	
Date 2/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosemary E. Kowalski Contributor address; City; State; Zip Code 1 Park Lane 1 San Antonio, TX 78209	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rosemary Catering	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pressman Richard 6 Contributor address; City; State; Zip Code 11310 Whisper Falls St. San Antonio, TX 78230-3540	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Saint Mary University	
Date 2/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Montgomery Contributor address; City; State; Zip Code 702 College Blvd. San Antonio, TX 78209	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 2/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Vexler Contributor address; City; State; Zip Code 201 Charles Road San Antonio, TX 78209	Amount of contribution (\$) 170.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Monterrey Iron	
Date 2/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bette Vexler Contributor address; City; State; Zip Code 201 Charles Road San Antonio, TX 78209	Amount of contribution (\$) 170.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Home Manager/Volunteer		Employer (See Instructions) N/A	
Date 2/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drezek Stanley Contributor address; City; State; Zip Code 6 Westelm Garden San Antonio, TX 78230-2632	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) NISD	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
4 of 20

2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/2005

5 Full name of contributor

Wendy Drezek

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)
25.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

6 Westelm Garden
San Antonio, TX 78230-2632

9 Principal occupation / Job title (See Instructions)

Educator

10 Employer (See Instructions)

NEISD

Date

2/23/2005

Full name of contributor

Morgan Price

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

227 Pershing Ave.
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Self-employed

Date

2/20/2005

Full name of contributor

James Koch

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

PO Box 680511
San Antonio, TX 78268-0511

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

2/5/2005

Full name of contributor

Brenda Vickrey Johnson

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

13055 N. Hunters Circle
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Vickrey and Associates

Date

2/26/2005

Full name of contributor

Don Arispe

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

14026 Wildcat Lair
San Antonio, TX 78253

Principal occupation / Job title (See Instructions)

Community Organizer

Employer (See Instructions)

St. Mary University

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 5 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/26/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim Arispe 6 Contributor address; City; State; Zip Code 14026 Wildcat Lair San Antonio, TX 78253	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Community Organizer		10 Employer (See Instructions) OLLU	
Date 2/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Maddox Contributor address; City; State; Zip Code 130 E. Mandalay Drive San Antonio, TX 78212	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UIW	
Date 2/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Maddox Contributor address; City; State; Zip Code 130 E. Mandalay Drive San Antonio, TX 78212	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Health Care Administrator		Employer (See Instructions) Christus Health	
Date 2/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheryl Tynes Contributor address; City; State; Zip Code 2803 Windy Oaks Street San Antonio, TX 78230	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Trinity University	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Frost Contributor address; City; State; Zip Code 604 Garraty Road San Antonio, TX 78209	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Frost Bank	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 of 20

2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

T.C. Frost

6 Contributor address; City; State; Zip Code

PO Box 1600
San Antonio, TX 78296

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

N/A

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Richard Evans

Contributor address; City; State; Zip Code

315 Terrell Road
San Antonio, TX 78209

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Frost Bank

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Doug Earle

Contributor address; City; State; Zip Code

7302 Robin Rest
San Antonio, TX 78209

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Rector

Employer (See Instructions)

St. Paul Episcopal Church

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Pat Maloney, Sr.

Contributor address; City; State; Zip Code

239 E. Commerce Street
San Antonio, TX 78205

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Molly Watt

Contributor address; City; State; Zip Code

322 Argo
San Antonio, TX 78209

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

SAISD

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 7 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Rangel 6 Contributor address; City; State; Zip Code 3007 King Birch Street San Antonio, TX 78230	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Whitehead Contributor address; City; State; Zip Code 11503 Heap Circle San Antonio, TX 78230-1623	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert Fernandez Contributor address; City; State; Zip Code 19275 Stoneoak Parkway San Antonio, TX 78258	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) SACU	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denise Doyle Contributor address; City; State; Zip Code 10239 Grand Meadows San Antonio, TX 78239	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) UTSA	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Lazor Contributor address; City; State; Zip Code 10239 Grand Meadows San Antonio, TX 78239	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Incarnate Word University	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
8 of 20

2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Cam Messina

6 Contributor address; City; State; Zip Code

252 W. Mariposa
San Antonio, TX 78212

7 Amount of
contribution (\$)
50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
Educator

10 Employer (See Instructions)
Voices for Children

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Tim Haegelin

Contributor address; City; State; Zip Code

123 N. Medina
San Antonio, TX 78207

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
President/CEO

Employer (See Instructions)
SACEFCU

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Steve Cochran

Contributor address; City; State; Zip Code

6203 Welles Brook Drive
San Antonio, TX 78240

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Self-employed

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Pat Maloney, Jr.

Contributor address; City; State; Zip Code

239 E. Commerce Street
San Antonio, TX 78205

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Law Offices of Pat Maloney, PC

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jim Donovan

Contributor address; City; State; Zip Code

222 E. Houston Street, Apt/Suite: 1103
San Antonio, TX 78205

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Self-employed

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wanda M Donovan 6 Contributor address; City; State; Zip Code 222 E. Houston Street, Apt/Suite: 1103 San Antonio, TX 78205	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) School Counselor		10 Employer (See Instructions) ECISD	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raul Flores Contributor address; City; State; Zip Code 302 San Carlos San Antonio, TX 78207	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Recycling		Employer (See Instructions) Self-employed	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judy L Perez Contributor address; City; State; Zip Code 9302 Conde Drive San Antonio, TX 78224	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Self-employed	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria Olivarez Contributor address; City; State; Zip Code 210 San Carlos San Antonio, TX 78207	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Cafeteria Worker		Employer (See Instructions) SAISD	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IORETTA Van Coppenolle Contributor address; City; State; Zip Code 14115 Oakland Mills Street San Antonio, TX 78231	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Self-employed	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

10 of 20

2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2005

5 Full name of contributor

Ron Jones

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

428 W. Elsmere Place
San Antonio, TX 78212

9 Principal occupation / Job title (See Instructions)

Taxi Cab Operator

10 Employer (See Instructions)

GSATC

Date

3/1/2005

Full name of contributor

Jim Rowell

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3400 Magic Drive, Apt/Suite: 64
San Antonio, TX 78229-2921

Principal occupation / Job title (See Instructions)

Taxi Cab Operator

Employer (See Instructions)

Yellow Checker Cab

Date

3/1/2005

Full name of contributor

Mary Pat Bone

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1115 Tampico Street
San Antonio, TX 78207

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Edgewood ISD

Date

3/1/2005

Full name of contributor

Alex Gonzales Jr.

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

203 Clearview
San Antonio, TX 78228

Principal occupation / Job title (See Instructions)

Escrow Officer

Employer (See Instructions)

First American Title

Date

3/1/2005

Full name of contributor

Kenneth Mireles

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1403 Creek Knoll
San Antonio, TX 78253

Principal occupation / Job title (See Instructions)

Chief of Staff

Employer (See Instructions)

Phil Harberger

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 11 of 20	
2 FILER NAME Mary P Radle				3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phyllis McKenzie			7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 618 Coronet San Antonio, TX 78216-5209					
9 Principal occupation / Job title (See Instructions) Docen			10 Employer (See Instructions) Institute of Texan Cultures		
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Kowalski			Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295-1361					
Principal occupation / Job title (See Instructions) Owner			Employer (See Instructions) The RK Group		
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Rivera			Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1947 W. Summit Ave. San Antonio, TX 78201					
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Lyons			Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 430 E. Commerce Street San Antonio, TX 78205					
Principal occupation / Job title (See Instructions) Restrant Owner			Employer (See Instructions) Casa Rio/Shilo		
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graciela Sanchez			Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 233 Louts San Antonio, TX 78210					
Principal occupation / Job title (See Instructions) Executive Director			Employer (See Instructions) Esperanza Center		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

12 of 20

2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Amy Kastely

6 Contributor address; City; State; Zip Code

233 Louts
San Antonio, TX 78210

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Lawyer

10 Employer (See Instructions)

Saint Mary University

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mary Alice Cisneros

Contributor address; City; State; Zip Code

2002 W. Houston
San Antonio, TX 78207

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Volunteer

Employer (See Instructions)

N/A

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rosario Salas

Contributor address; City; State; Zip Code

1410 Guadalupe Street, Apt/Suite: 115
San Antonio, TX 78210

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Administrative Assistant

Employer (See Instructions)

Heard and Smith

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Peter Maher

Contributor address; City; State; Zip Code

618 Coronet
San Antonio, TX 78216

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Respiratory Therapist

Employer (See Instructions)

UHS

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Richard Arahjo

Contributor address; City; State; Zip Code

1801 Durango
San Antonio, TX 78207

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Coordinator

Employer (See Instructions)

Guadalupe Community Center

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 13 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dario Chapa 6 Contributor address; City; State; Zip Code 915 Guadalupe Street San Antonio, TX 78207	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director of Housing		10 Employer (See Instructions) Our Casas resident Association	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Antonietta Berriozabal Contributor address; City; State; Zip Code 1148 W. Russell San Antonio, TX 78201	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles A Gonzalez Contributor address; City; State; Zip Code PO Box 12612 San Antonio, TX 78212-0612	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) US Congressman		Employer (See Instructions) 20th District Texas	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellen Berky Contributor address; City; State; Zip Code 434 W. Kings Hwy San Antonio, TX 78212	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Ford, Powell and Carontine	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Arrendondo Contributor address; City; State; Zip Code 10406 Lazy F Trail San Antonio, TX 78223	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 14 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Stanford 6 Contributor address; City; State; Zip Code 2311 W. Gramercy place San Antonio, TX 78201	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ana M Beltran Contributor address; City; State; Zip Code 145 Southolme San Antonio, TX 78204	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katherine C Hore Contributor address; City; State; Zip Code 15927 Alsace San Antonio, TX 78232	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Juvenile Justice Center	
Date 3/8/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Al Rohde Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio, TX 78217-5010	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Broker/Realtor		Employer (See Instructions) NAI Realty	
Date 3/8/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberto Botello Contributor address; City; State; Zip Code 432 Waring San Antonio, TX 78216	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ACCD	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/8/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Richard Ojeda

6 Contributor address; City; State; Zip Code

1719 Fawngate
San Antonio, TX 78248

7 Amount of
contribution (\$)

125.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Owner - catering Service

10 Employer (See Instructions)

Black Tie Affairs

Date

3/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Elizabeth Ojeda

Contributor address; City; State; Zip Code

1719 Fawngate
San Antonio, TX 78248

Amount of
contribution (\$)

125.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Magnolia Gardens

Date

3/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

3 D/I PAC

Contributor address; City; State; Zip Code

1900 W. Loop South, Apt/Suite: 600
Houston, TX 77027

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

N/A

Date

3/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Roger Barnes

Contributor address; City; State; Zip Code

6318 Welles Glenn Circle
San Antonio, TX 78240

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

UIW

Date

3/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rudy Davila

Contributor address; City; State; Zip Code

6355 Hollyhock
San Antonio, TX 78240

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Pharmacist

Employer (See Instructions)

Davila Pharmacy

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 16 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/14/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dolores Mendez 6 Contributor address; City; State; Zip Code 1151 Greer Street San Antonio, TX 78210	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Restaurant Owner		10 Employer (See Instructions) Mendez cafe	
Date 3/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert O Sosa Contributor address; City; State; Zip Code 238 Funston Pl. San Antonio, TX 78209	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Grant Program Developer		Employer (See Instructions) UIW	
Date 3/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Anderson Contributor address; City; State; Zip Code 515 W. Gramercy San Antonio, TX 78212-2829	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Housing and Community Services	
Date 3/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Martinez Contributor address; City; State; Zip Code 3014 Whisper Fern San Antonio, TX 78230	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Management/catering		Employer (See Instructions) self	
Date 3/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert Murillo Contributor address; City; State; Zip Code 306 Brahan Blvd San Antonio, TX 78215	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Murillo and Associates	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 17 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/16/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David S Zachry 6 Contributor address; City; State; Zip Code 310 S. St. Mary Street, Apt/Suite: 2400 San Antonio, TX 78205-3108	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Zachry Construction Corp	
Date 3/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John B Zachry Contributor address; City; State; Zip Code 310 S. St. Mary Street, Apt/Suite: 2400 San Antonio, TX 78205-3108	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Zachry Construction Corp	
Date 3/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathy Green Contributor address; City; State; Zip Code 128 Grant San Antonio, TX 78209	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP Community Relations		Employer (See Instructions) Zachry Construction Corp	
Date 3/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murray Johnston Jr Contributor address; City; State; Zip Code 306 Kennedy San Antonio, TX 78209	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Zachry Construction Corp	
Date 3/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim P Zachry Contributor address; City; State; Zip Code 310 S. St. Mary Street San Antonio, TX 78205	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Tower Life Insurance Company	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/16/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Louis H Stumberg

6 Contributor address; City; State; Zip Code

310 S. St. Mary Street, Apt/Suite: 701
San Antonio, TX 78205

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Real Estate

10 Employer (See Instructions)

Self-employed

Date

3/17/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gloria Martinez

Contributor address; City; State; Zip Code

555 Cumberland
San Antonio, TX 78204-2052

Amount of
contribution (\$)
300.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self-employed

Date

3/17/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rafael Ruiz

Contributor address; City; State; Zip Code

224 Crestview
San Antonio, TX 78201-6801

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

San Antonio Police Officers Association

Contributor address; City; State; Zip Code

1939 NE Loop 410, Apt/Suite: 300
San Antonio, TX 78217

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

N/A

Date

3/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Larry Starkey

Contributor address; City; State; Zip Code

711 Edgebrook lane
San Antonio, TX 78213-4517

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ironworkers State COPE Fund

6 Contributor address; City; State; Zip Code

3003 Dawn Dr., Apt/Suite: 104
Georgetown, TX 78628

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
PAC

10 Employer (See Instructions)
N/A

Date

3/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Arnold Flores

Contributor address; City; State; Zip Code

7762 Crooked Road
Houston, TX 78254-2613

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jim Spickard

Contributor address; City; State; Zip Code

30545 Bridlegate Drive
San Antonio, TX 78163

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)

Date

1/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mark Sanchez

Contributor address; City; State; Zip Code

615 Brady
San Antonio, TX 78207

Amount of
contribution (\$)
10.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Bus Driver

Employer (See Instructions)
VIA

Date

1/18/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Judith Valdez

Contributor address; City; State; Zip Code

610 Tuxedo
San Antonio, TX 78209

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 20 of 20	
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Graybill 6 Contributor address; City; State; Zip Code 14121 Gray Wing San Antonio, TX 78231	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) UTHSC	
Date 2/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janet Riley Contributor address; City; State; Zip Code 3818 Hundred Oaks Drive San Antonio, TX 78217	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen Townsend Contributor address; City; State; Zip Code 143 Ealton Avenue Houston, TX 78225-1451	Amount of contribution (\$) 0	In-kind contribution description (if applicable) Wine and chhse for fundraiser (\$78.76)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) n/a	
Date 2/12/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angel J Gonzalez Contributor address; City; State; Zip Code 1215 S. Trinity Street San Antonio, TX 78207	Amount of contribution (\$) 0	In-kind contribution description (if applicable) Wine and cheese for fundraiser (\$63.80)
Principal occupation / Job title (See Instructions) financial consultant		Employer (See Instructions) Urban Collaborative	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Antonietta Berriozabal Contributor address; City; State; Zip Code 1148 W. Russell San Antonio, TX 78201	Amount of contribution (\$) 0	In-kind contribution description (if applicable) Wine for fundraiser (\$40.00)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A	

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PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mary P Radle

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#:_____)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date 1/1/2005	5 Payee name zorola consulting 6 Payee address; City; State; Zip Code 7626 triple leaf china grove, TX 78263-5039	7 Amount (\$) 341.25
-------------------------------	---	---------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) computer and reformatting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 1/3/2005	Payee name Office Depot Payee address; City; State; Zip Code 2321 S W Military Dr San Antonio, TX 78210	Amount (\$) 237.29
----------------------	---	------------------------------

Purpose of payment (See instructions regarding type of information required.) Office supplies for office	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 1/3/2005	Payee name Gabriel Salazar Payee address; City; State; Zip Code 1417 Kendalia San Antonio, TX 78210	Amount (\$) 1000.00
----------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Campaign Field Work	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 1/19/2005	Payee name Gabriel Salazar Payee address; City; State; Zip Code 1417 Kendalia San Antonio, TX 78210	Amount (\$) 1000.00
-----------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Field work for re-elction campaign	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date 2/1/2005	5 Payee name Gabriel Salazar 6 Payee address; City; State; Zip Code 1417 Kendalia San Antonio, TX 78210	7 Amount (\$) 1000.00
-------------------------------	---	--

8 Purpose of payment (See instructions regarding type of information required.) Field work for re-elction campaign	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 2/17/2005	Payee name Gabriel Salazar Payee address; City; State; Zip Code 1417 Kendalia San Antonio, TX 78210	Amount (\$) 1000.00
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Purpose of payment (See instructions regarding type of information required.) Field work for re-elction campaign	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/1/2005	Payee name Gabriel Salazar Payee address; City; State; Zip Code 1417 Kendalia San Antonio, TX 78210	Amount (\$) 1000.00
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Purpose of payment (See instructions regarding type of information required.) Field work for re-elction campaign	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/19/2005	Payee name Gabriel Salazar Payee address; City; State; Zip Code 1417 Kendalia San Antonio, TX 78210	Amount (\$) 1000.00
-----------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Field work for re-elction campaign	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date

1/3/2005

5 Payee name

Cayetano Garza

7 Amount

(\$500.00)

6 Payee address; City; State; Zip Code314 W McIntyre, Apt/Suite: #2
Edinburg, TX 78541**8** Purpose of payment (See instructions regarding type of information required.)

Campaign Design

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/1/2005

Payee name

Cayetano Garza

Amount

(\$500.00)

Payee address; City; State; Zip Code

314 W McIntyre, Apt/Suite: #2
Edinburg, TX 78541

Purpose of payment (See instructions regarding type of information required.)

Campaign Design for printed materials

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/2/2005

Payee name

Cayetano Garza

Amount

(\$500.00)

Payee address; City; State; Zip Code

314 W McIntyre, Apt/Suite: #2
Edinburg, TX 78541

Purpose of payment (See instructions regarding type of information required.)

Campaign Design for printed materials

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/12/2005

Payee name

David Plylar

Amount

(\$31.23)

Payee address; City; State; Zip Code

4218 Misty Glade
San Antonio, TX 78247

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for office supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date

1/19/2005

5 Payee name

David Plylar

7 Amount(\$)**36.54****6** Payee address; City; State; Zip Code4218 Misty Glade
San Antonio, TX 78247**8** Purpose of payment (See instructions regarding type of information required.)

Reimbursement for office supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/23/2005

Payee name

David Plylar

Amount

(\$)**97.42**

Payee address; City; State; Zip Code

4218 Misty Glade
San Antonio, TX 78247

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for office supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/13/2005

Payee name

Allied Signs

Amount

(\$)**1185.47**

Payee address; City; State; Zip Code

3700 Blanco Rd
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Snipes and dates for signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/17/2005

Payee name

Office Depot

Amount

(\$)**28.34**

Payee address; City; State; Zip Code

2321 S W Military Dr
San Antonio, TX 78224

Purpose of payment (See instructions regarding type of information required.)

Envelopes for fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date

1/15/2005

5 Payee name

Office Depot

7 Amount(\$)**67.13****6** Payee address; City; State; Zip Code2321 S W Military Dr
San Antonio, TX 78224**8** Purpose of payment (See instructions regarding type of information required.)

Printing of flyers

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/15/2005

Payee name

Office Depot

Amount

(\$)**97.08**

Payee address; City; State; Zip Code

2321 S W Military Dr
San Antonio, TX 78224

Purpose of payment (See instructions regarding type of information required.)

Copying invitation for fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/12/2005

Payee name

Office Depot

Amount

(\$)**124.06**

Payee address; City; State; Zip Code

2321 S W Military Dr
San Antonio, TX 78224

Purpose of payment (See instructions regarding type of information required.)

Envelopes and labels for fundraiser

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

SBC

Amount

(\$)**107.13**

Payee address; City; State; Zip Code

1 SBC Center
San Antonio, TX 78219

Purpose of payment (See instructions regarding type of information required.)

Office phones

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date

2/20/2005

5 Payee name

SBC

6 Payee address; City; State; Zip Code1 SBC Center
San Antonio, TX 78219**7** Amount

(\$107.37)

8 Purpose of payment (See instructions regarding type of information required.)

Office phones

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/19/2005

Payee name

SBC

Payee address; City; State; Zip Code

1 SBC Center
San Antonio, TX 78219

Amount

(\$238.62)

Purpose of payment (See instructions regarding type of information required.)

Office phones

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/23/2005

Payee name

Mungia Printers

Payee address; City; State; Zip Code

2201 Buena Vista
San Antonio, TX 78207

Amount

(\$772.09)

Purpose of payment (See instructions regarding type of information required.)

Printing for first mailer

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/21/2005

Payee name

Mungia Printers

Payee address; City; State; Zip Code

2201 Buena Vista
San Antonio, TX 78207

Amount

(\$987.81)

Purpose of payment (See instructions regarding type of information required.)

Prinying hand flyers for blockwalking

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date

2/10/2005

5 Payee name

Guadalupanita Cafe

6 Payee address; City; State; Zip Code1310 El Paso Street
San Antonio, TX 78207**7**Amount
(\$)**12.82****8** Purpose of payment (See instructions regarding type of information required.)

Tacos for blockwalkers

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/5/2005

Payee name

Guadalupanita Cafe

Payee address; City; State; Zip Code

1310 El Paso Street
San Antonio, TX 78207Amount
(\$)**16.02**

Purpose of payment (See instructions regarding type of information required.)

Tacos for blockwalkers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

Guadalupanita Cafe

Payee address; City; State; Zip Code

1310 El Paso Street
San Antonio, TX 78207Amount
(\$)**16.02**

Purpose of payment (See instructions regarding type of information required.)

Tacos for blockwalkers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/29/2005

Payee name

Guadalupanita Cafe

Payee address; City; State; Zip Code

1310 El Paso Street
San Antonio, TX 78207Amount
(\$)**19.22**

Purpose of payment (See instructions regarding type of information required.)

Tacos for blockwalkers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date 2/5/2005	5 Payee name Guadalupe Anita Cafe 6 Payee address; City; State; Zip Code 1310 El Paso Street San Antonio, TX 78207	7 Amount (\$19.22)
-------------------------------	--	------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Tacos for blockwalkers	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 2/12/2005	Payee name Guadalupe Anita Cafe Payee address; City; State; Zip Code 1310 El Paso Street San Antonio, TX 78207	Amount (\$23.14)
-----------------------	--	---------------------

Purpose of payment (See instructions regarding type of information required.) Tacos for blockwalkers	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 1/22/2005	Payee name Guadalupe Anita Cafe Payee address; City; State; Zip Code 1310 El Paso Street San Antonio, TX 78207	Amount (\$33.23)
-----------------------	--	---------------------

Purpose of payment (See instructions regarding type of information required.) Tacos for blockwalkers	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 2/15/2005	Payee name US Postal Services Payee address; City; State; Zip Code 1140 S. Laredo Street San Antonio, TX 78204	Amount (\$259.00)
-----------------------	--	----------------------

Purpose of payment (See instructions regarding type of information required.) Stamps for fundraiser	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date

2/24/2005

5 Payee name

Allied Advertising

7 Amount

(\$980.52)

6 Payee address; City; State; Zip Code3700 Blanco Rd
San Antonio, TX 78212**8** Purpose of payment (See instructions regarding type of information required.)

Yard signs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/26/2005

Payee name

Amol

Amount

(\$58.66)

Payee address; City; State; Zip Code

710 S. Flores Street
San Antonio, TX 78204

Purpose of payment (See instructions regarding type of information required.)

Decorations for fundraiser

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/1/2005

Payee name

HEB

Amount

(\$54.21)

Payee address; City; State; Zip Code

108 N. Rosillo
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Pastry and ice for fundraiser

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/28/2005

Payee name

HEB

Amount

(\$76.09)

Payee address; City; State; Zip Code

108 N. Rosillo
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Supplies for fundraiser

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10 of 10

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date

3/2/2005

5 Payee name

PC Mailing Service

7 Amount

(\$1510.35)

6 Payee address; City; State; Zip Code10711 Hilltop Drive
San Antonio, TX 78217**8** Purpose of payment (See instructions regarding type of information required.)

Postage service for first mailer

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/25/2005

Payee name

Quality Lapel Pins

Amount

(\$339.00)

Payee address; City; State; Zip Code

5270 S. Zinnia Court
Littleton, CO 80127

Purpose of payment (See instructions regarding type of information required.)

Lapel pins for campaign

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <div style="text-align: center;">1 of 1</div>
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)

4 Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5 Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 45%;"> 6 Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> 7 Purpose of expenditure (See instructions regarding type of information required.) </div>	<div style="text-align: center;"> 8 Amount (\$) <hr style="border-top: 1px dotted black;"/> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 45%;"> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	<div style="text-align: center;"> Amount (\$) <hr style="border-top: 1px dotted black;"/> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 45%;"> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	<div style="text-align: center;"> Amount (\$) <hr style="border-top: 1px dotted black;"/> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 45%;"> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	<div style="text-align: center;"> Amount (\$) <hr style="border-top: 1px dotted black;"/> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 5
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/12/2005	5 Payee name Amol 6 Payee address; City; State; Zip Code 710 S. Flores Street San Antonio, TX 78204 7 Purpose of expenditure (See instructions regarding type of information required.) Bags for senior valentine cookies	8 Amount (\$34.91)
Date 1/12/2005	Payee name Saint Phillip of Jesus School Payee address; City; State; Zip Code 134 E. Lambert Street San Antonio, TX 78204 Purpose of expenditure (See instructions regarding type of information required.) 90th Anniversary Celebration	Amount (\$100.00)
Date 1/12/2005	Payee name Holy family Nutrition Center Payee address; City; State; Zip Code 152 Florencia San Antonio, TX 78228 Purpose of expenditure (See instructions regarding type of information required.) Christmas dance for seniors	Amount (\$100.00)
Date 1/28/2005	Payee name Holy family Nutrition Center Payee address; City; State; Zip Code 152 Florencia San Antonio, TX 78228 Purpose of expenditure (See instructions regarding type of information required.) Contribution for senior dance	Amount (\$100.00)
Date 1/19/2005	Payee name Ladies auxilliary VFW Post 4815 Payee address; City; State; Zip Code PO Box 241033 San Antonio, TX 78224 Purpose of expenditure (See instructions regarding type of information required.) Donation	Amount (\$50.00)

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 2 of 5
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/23/2005	5 Payee name SA Sports Hall of Fame 6 Payee address; City; State; Zip Code 100 Montana Street San Antonio, TX 78203 7 Purpose of expenditure (See instructions regarding type of information required.) Contribution	8 Amount (\$100.00)
Date 2/4/2005	Payee name Lanier PTA Payee address; City; State; Zip Code 1514 W. Durango San Antonio, TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Donation to the PTA	Amount (\$50.00)
Date 2/5/2005	Payee name Unity Church of San Antonio Payee address; City; State; Zip Code 1729 Lawndale San Antonio, TX 78209 Purpose of expenditure (See instructions regarding type of information required.) Donation to homeless march	Amount (\$50.00)
Date 2/11/2005	Payee name HEB Payee address; City; State; Zip Code 721 Castroville Road San Antonio, TX 78237 Purpose of expenditure (See instructions regarding type of information required.) Cookies for seniors	Amount (\$162.55)
Date 2/12/2005	Payee name HEB Payee address; City; State; Zip Code 7010 S. Zarzamora Street San Antonio, TX 78224 Purpose of expenditure (See instructions regarding type of information required.) Cookies for seniors	Amount (\$49.66)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 3 of 5
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/12/2005	5 Payee name HEB 6 Payee address; City; State; Zip Code 7010 S. Zarzamora Street San Antonio, TX 78224 7 Purpose of expenditure (See instructions regarding type of information required.) Cookies for seniors	8 Amount (\$56.79)
Date 2/12/2005	Payee name HEB Payee address; City; State; Zip Code 735 SW Military Drive San Antonio, TX 78221 Purpose of expenditure (See instructions regarding type of information required.) Cookies for seniors	Amount (\$68.40)
Date 2/12/2005	Payee name HEB Payee address; City; State; Zip Code 1601 Nagolitos San Antonio, TX 78224 Purpose of expenditure (See instructions regarding type of information required.) Cookies for seniors	Amount (\$18.24)
Date 2/15/2005	Payee name Estella Cafe Payee address; City; State; Zip Code 2200 W. Martin Street San Antonio, TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Appreciation lunch for district volunteers and staff	Amount (\$56.76)
Date 2/19/2005	Payee name Salsamora Cafe Payee address; City; State; Zip Code 502 Zazamora Street San Antonio, TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Refreshments for district volunteers developing sidewalk program	Amount (\$33.14)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 4 of 5
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/22/2005	5 Payee name Big Brothers and Big Sisters 6 Payee address; City; State; Zip Code PO Box 831693 San Antonio, TX 78283 7 Purpose of expenditure (See instructions regarding type of information required.) Donation for Bowl-A-Thon fundraiser	8 Amount (\$50.00)
Date 2/24/2005	Payee name N and S Enterprises Payee address; City; State; Zip Code 800 Buena Vista San Antonio, TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Donation of printed T-shirts for Ianier High students	Amount (\$100.00)
Date 3/2/2005	Payee name Burbank Athletic Club Payee address; City; State; Zip Code 1002 Edwards San Antonio, TX 78204 Purpose of expenditure (See instructions regarding type of information required.) Donation for fundraiser for booster club	Amount (\$100.00)
Date 3/12/2005	Payee name Kinko Printint Payee address; City; State; Zip Code 2321 SW Military Drive San Antonio, TX 78224 Purpose of expenditure (See instructions regarding type of information required.) Printing St. parick cards for seniors	Amount (\$46.55)
Date 3/12/2005	Payee name Hobby Lobby Payee address; City; State; Zip Code 4522 Fredericksburg Road San Antonio, TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Ribbon for flowers for seniors	Amount (\$6.47)

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 5 of 5
2 FILER NAME Mary P Radle		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/16/2005	5 Payee name Robert Flower Shop 6 Payee address; City; State; Zip Code 423 Castroville Road San Antonio, TX 78207 7 Purpose of expenditure (See instructions regarding type of information required.) 350 carnations for seniors for St. Patrick Day	8 Amount (\$262.50)
Date 3/19/2005	Payee name Cesar Chavez March Fund Payee address; City; State; Zip Code 1504 E. Commerce Street San Antonio, TX 78205 Purpose of expenditure (See instructions regarding type of information required.) Donation for Cesar Chavez Scholarships	Amount (\$100.00)
Date 3/25/2005	Payee name St. Timonhy Church Payee address; City; State; Zip Code 1515 Saltillo San Antonio, TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Donation for church fundraiser	Amount (\$50.00)
Date 3/28/2005	Payee name LULAC Payee address; City; State; Zip Code 142 Elmo Street San Antonio, TX 78225 Purpose of expenditure (See instructions regarding type of information required.) Donation for membership drive	Amount (\$125.00)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mary P Radle

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mary P Radle

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder